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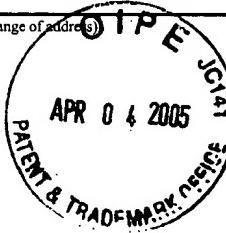
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	(Depositor's name)
	(Signature)
MARCH 7, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/656,255	09/06/2000	Michael J. O'Brien	9234	9291

TITLE OF INVENTION: DENTAL PROSTHESIS MANUFACTURING PROCESS, DENTAL PROSTHESIS PATTERN & DENTAL PROSTHESIS MADE THEREBY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700 +70	05/18/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
BAHTA, KIDEST	2125		700-118000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 JOHN J. CONNORS

2 CONNORS & ASSOC. INC.

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

O'BRIEN DENTAL LAB, INC. **CORVALLIS, OR, USA**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date MARCH 7, 2005

Typed or printed name

JOHN J. CONNORS

Registration No. 24157

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